

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SD	73316	7/19/00
O.I.P.E. CLASSIFIER	EAN	11	7/27/00
FORMALITY REVIEW	A.S	373	8/29/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	7/19/00
2	✓	✓	7/19/00
3	✓	✓	7/19/00
4	✓	✓	7/19/00
5	✓	✓	7/19/00
6	✓	✓	7/19/00
7	✓	✓	7/19/00
8	✓	✓	7/19/00
9	✓	✓	7/19/00
10	✓	✓	7/19/00
11	✓	✓	7/19/00
12	✓	✓	7/19/00
13	✓	✓	7/19/00
14	✓	✓	7/19/00
15	✓	✓	7/19/00
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31	✓	✓	7/19/00
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46	✓	✓	7/19/00
47	✓	✓	7/19/00
48	✓	✓	7/19/00
49	✓	✓	7/19/00
50	✓	✓	7/19/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

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